

West Virginia Offices of the Insurance Commissioner

Loss Run Request

Compensation Claim Data prior to July 1, 2005

Date of Request: _____

Requestor Information

Name: _____

Company: _____

Mailing Address: _____ E-mail: _____

Phone Number: _____ Fax Number: _____

Required Data Prompts for Loss Run Report:

Policy No./Bus Seq Prior to July 1, 2005: _____ Payment End Date: _____

Date of Injury from Date: _____ To Date: _____

Current Policy Expiration Date: _____

Justification: _____

Requestor's Name (Printed): _____

Requestor's Signature: _____ Date: _____

Company Release Information

If the person or entity receiving this information is not the policyholder, you, the policyholder, may revoke this authorization at any time by sending written notification to the same "request address" listed below. Your notice will not apply to actions taken by the requesting person/entity prior to the date they receive your written request to revoke authorization.

Company Name: _____

Company Address: _____

Releasing Name (Printed): _____ Date: _____

Releasing Signature: _____ Signature's Title: _____

Method of Transport - Send Data Via (Please mark):

Email ☐

US Postal Service ☐

Fax ☐

Please send request to: West Virginia Offices of the Insurance Commission

One Players Club Drive IT Dept - Lobby Level

Attn: Sherri Brown Charleston, WV 25301

Phone: (304) 558-1966 x3079 Email: Sherri.brown@wvinsurance.gov Fax: (304) 558-4089